

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	08/466,554
<b>Filing Date</b>	June 6, 1995
<b>First Named Inventor</b>	Seubert, Peter A.
<b>Title</b>	METHODS FOR AIDING IN THE DIAGNOSIS OF ALZHEIMER'S DISEASE BY MEASURING AMYLOID-BETA PEPTIDE (X->=41) AND TAU
<b>Art Unit</b>	1645
<b>Examiner Name</b>	Patricia Ann Duffy
<b>Attorney Docket Number</b>	015270-002120US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

**20350**

**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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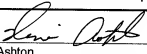
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	3-17-08
Name	Nina Ashton	Telephone	650-616-2639
Title and Company	Vice President, Intellectual Property, Elan Pharmaceuticals, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.